



**ENDORSED  
ADVANCED LIFE  
SUPPORT  
COORDINATOR  
APPLICATION**

109 Governor Street UB-55  
Richmond, Virginia 23219  
1-800-523-6019 (VA only)  
804-864-7600  
FAX: 804-864-7580

The person seeking endorsement as an "Endorsed ALS Coordinator" must complete and return this application.

**Initial Certification** ☐ **Recertification** ☐ **Extend Endorse Area** ☐

PLEASE PRINT OR TYPE ALL INFORMATION

Certification Number: \_\_\_\_\_ Level: \_\_\_\_\_ Expiration Date: \_\_\_\_\_,

Name: \_\_\_\_\_  
FIRST MI LAST SUFFIX TITLE

Address: \_\_\_\_\_  
P O BOX, STREET, APARTMENT, ETC.

\_\_\_\_\_  
CITY, COUNTY STATE ZIP

E-mail address: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Area of the state you will be teaching: \_\_\_\_\_  
REGIONAL COUNCIL AREA OR COUNTIES OR CITIES

Have the appropriate individuals endorsing your certification as an "Endorsed ALS Coordinator" sign below:

Local EMS Resource: \_\_\_\_\_  
REGIONAL COUNCIL EXECUTIVE DIRECTOR'S SIGNATURE PRINT NAME DATE

Supporting Physician Name: \_\_\_\_\_ OMD #: \_\_\_\_\_  
**PLEASE PRINT:** MUST BE OEMS APPROVED OPERATIONAL MEDICAL DIRECTOR OR PHYSICIAN COURSE DIRECTOR

Supporting Physician Signature: \_\_\_\_\_  
MUST BE OEMS APPROVED OPERATIONAL MEDICAL DIRECTOR, PHYSICIAN COURSE DIRECTOR DATE

**If you do not have Virginia ALS Certification, please attach a copy of your RN, MD, DO, PA license or certification.**

Return the application to:  
Tom Nevetral  
ALS Training Specialist  
Virginia Department of Health  
Office of EMS  
109 Governor Street UB-55  
Richmond, VA 23219

OEMS Use Only: Application Expires:

Candidate	
Invitation 1	
Invitation 2	
Invitation 3	
Certificate Printed	